

September 16, 2014

Ruth Lytle-Barnaby Planned Parenthood of Delaware 625 North Shipley Street Wilmington, DE 19801

Dear Ms. Lytle-Barnaby:

This correspondence addresses a survey recently completed by the Office of Health Facilities Licensing and Certification (OHFLC), Division of Public Health (DPH), Department of Health and Social Services (DHSS) at Planned Parenthood of Delaware. Please read this correspondence carefully.

Authority

16 Del. C., §122(3)y

This section of the Delaware Code permits the DHSS to establish standards for safe and sanitary conditions in a facility at which any invasive medical procedure is performed. It also permits the DHSS to investigate and inspect any such facility for unsafe or unsanitary conditions upon receipt of a complaint by a patient or a facility employee.

Survey Summary

A complaint survey was conducted at Planned Parenthood of Delaware's Wilmington office ending on September 5, 2014. The complaint was unsubstantiated and no state deficiencies were identified. Enclosed is the Statement of Deficiencies (2567) for your file.

Please feel free to contact Katherine Deitcher at (302) 283-7220 for questions.

Sincerely,

Corinna Getchell

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Director

CG/dxb Enclosures

cc:

Thomas V. May (via email)

Chief, Health Systems Protection

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATEMENT OF DEFICIENCIES AND PE		PROVIDER IDENTIF	PROVIDER IDENTIFICATION NUMBER		MULTIPLE CONSTRUCTION			DATE SURVEY COMPLETED	
, sen or connection			A. E		A. B	BUILDING			
				B. WING				9/5/2014	
					SS, CITY, STATE, ZIP CODE				
Planne	ed Parenthood of D	Wilmingt	North Shipley Street mington, DE 19801						
ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN									
PREFIX TAG						ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION DATE
000	INITIAL COMMENTS An unannounced complaint survey, which					- ATTO MATERIAL	NICHTETY .		
	ended on 9/5/14, was conducted at Planned Parenthood of Delaware – Wilmington Office. Survey activities included patient record review, policy and procedure review, staff interviews and review of other documents.								
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PROVIDER	REPRESENATIVE'S SIGNATURE			TITLE					DATE
				1116					DATE
STATE FORM PAGE 1									PAGE 1
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